



# ***SAMHSA-HRSA Center for Integrated Health Solutions***

## ***Trend Analysis Using PBHCI Data***

**Deborah Scharf, PhD\* & Josh Breslau, PhD  
RAND Corporation**

**\*Deborah Scharf serves as the PBHCI Evaluation Project Director;  
[dscharf@rand.org](mailto:dscharf@rand.org)**



**NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE**



[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

# ***Web Survey – Reminder!***

- **Web survey of PBHCl staff is live!**
  - **Links sent earlier this week**
    - **Not everyone will receive a link**
  - **Different versions for different kinds of staff**
  - **Between 1 and 1.5 hours to complete**
- **Please complete ASAP!**
- **Final evaluation report to be completed Sept 30, 2013**

# OVERVIEW

- Previous presentations covered use of PBHCl data to describe program performance
- Focus was on ‘static’ analysis
  - How many consumers have received X service?
  - Presented data from the first year of service
- This presentation covers TRENDS
  - Changes in service delivery over time
- Key for performance monitoring and QI

# Caution!

- You may already be familiar with common pitfalls of **outcomes analysis** (i.e., analysis of improvement in consumer health, such as before to after treatment)
  - Selective attrition
  - Need for control group
- Same concepts affect trend analysis
  - Including **process analysis** (i.e., analysis of services provided)
- Let's review....

# Selective Attrition: Overestimate Effects

**Selective Attrition:**  
Heaviest smokers got discouraged  
and didn't return for follow-up

**Baseline**

100  
smokers

6 mos

**Follow-up**

25  
smoking,  
25  
quit

**Outcome**

50%  
success  
rate

50  
drop-outs,  
all smoking

25  
smoking

25  
quit

25% success  
rate  
w/ intent-to-treat  
sample

# Without Control Group: Overestimate Effects

## Selective Attrition:

Heaviest smokers got discouraged and didn't return for follow-up

### Baseline

100  
consumers  
smoke

6 mos

### Follow-up

25 smoking,  
25 quit

=

### Outcome

50%  
success  
rate

50 drop-outs,  
all smoking

25 smoking

25 quit

5% better  
than no tx

### Control Group

100  
consumers  
smoke

6 mos

80 smoking  
20 quit

=

20% success  
rate

# ***Attrition is also a Problem for Trend Analysis***

- **We can deal with attrition by carefully defining who is eligible for a particular treatment or procedure in each period of time**
  - **Group of eligible consumers is different for each service**
  - **People leave the pool of eligible consumers**
  - **New people enter into the pool of eligible consumers**
- **Attrition is going to remain a problem because we don't always know exactly when someone has left**

# *Control Groups also Enhance Trend Analysis*

- Population trends may account for trends in our data
  - Maybe smoking is decreasing among all SMI (not because of our treatment)
  - These concerns are secondary with respect to **process measures** (i.e., services you provide)
- For QI/Performance monitoring, OK if your clinic is 'its own control'
  - You may not be concerned about what is happening elsewhere
  - For QI/Performance monitoring, monitor whether you are doing better or worse than before



***WITH THESE CAUTIONS IN  
MIND...***

# *Why Examine Trends?*

- 1. Most programs have a 'learning curve'**
  - i.e. build up to full operating potential over time
  - If performance is averaged over time, this information is lost
- 2. Useful to know about performance Right Now**
  - Are your services improving?
  - Are there emerging problems?
- 3. Helps illustrate relationship between program changes and performance**
  - Changes in procedures; changes in staff

# *Type of Trend Analysis Depends on Type of Service*

- One-Time (or very rare) Interventions
  - Tetanus Shot
    - Recommended every 10 years
- Regular Monitoring
  - Blood Pressure Measurement
  - Glucose or A1C
  - \*All **section H indicators!**

# *Defining Time Intervals*

- Trend analysis requires careful attention to TIME
- People enroll or become diagnosed at different points in time
  - They become eligible for services at different points in time
- Need to simplify by making clear decisions about who is eligible for services and when

# *Defining Time Intervals*

- Choose a start date when a sufficient number of consumers have been enrolled to provide interesting results. For example,
  - Day when the 50<sup>th</sup> consumer was enrolled
  - Day when a service was initiated
- Choose a time period small enough to show change, but large enough to have a meaningful number of events
  - 1 month
  - 6 months
  - 1 year

# ***TREND ANALYSIS FOR ONE- TIME INTERVENTIONS***

# *Trend Analysis for One-Time Intervention*

- **Question:** What proportion of eligible consumers received a tetanus shot?

- **Approach:**

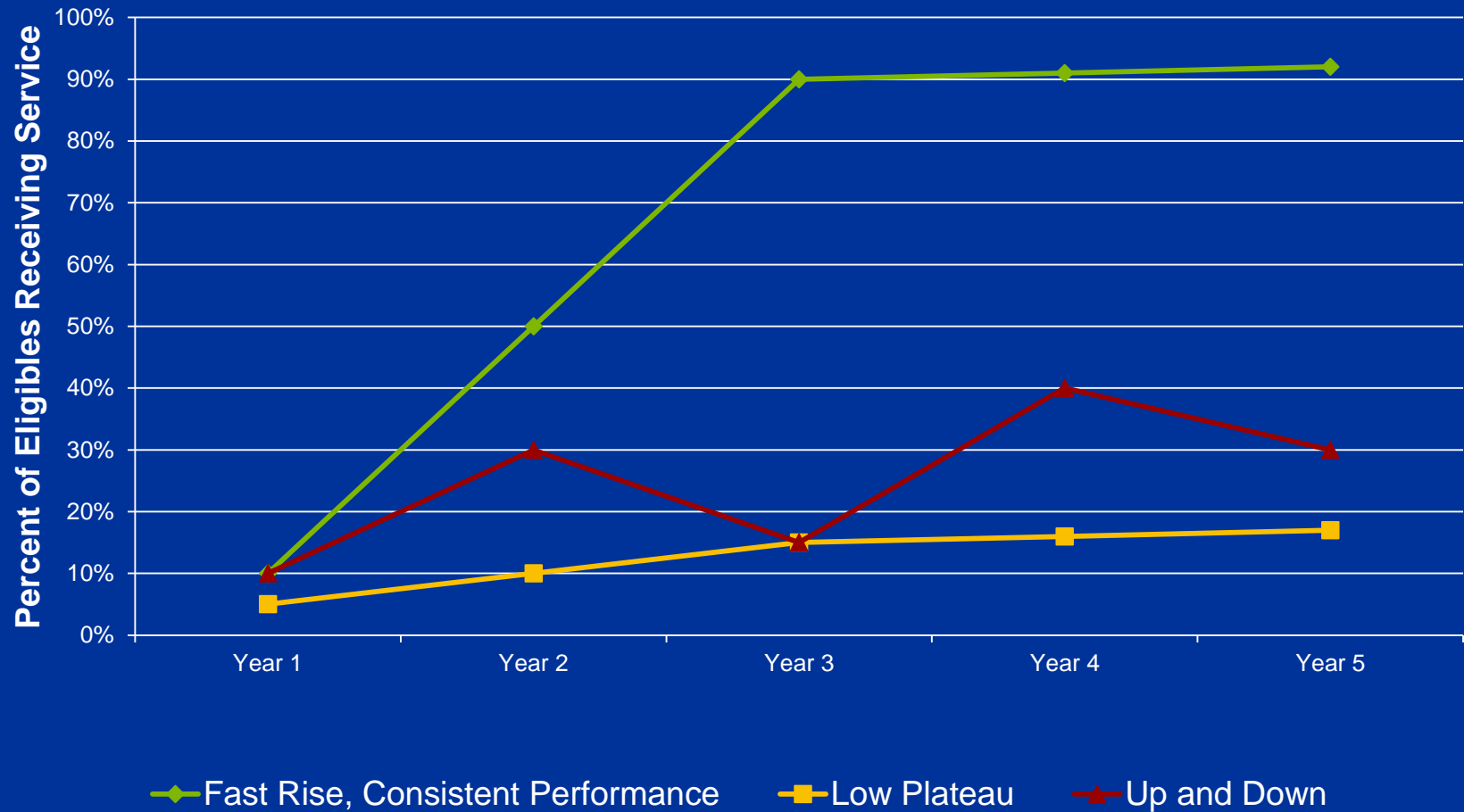
Total consumers who got tetanus shot this year

$$\frac{\text{Total \# who received the intervention this time period}}{\text{Total \# eligible for the intervention this time period}}$$

Total consumers who needed it this year

- New people who enter the program or become eligible are added for each interval; those who drop-out or stop needing the service become ineligible

# *Trend Analysis for One-Time Treatment*





# *One-Time Intervention*

- **Summary:**

- These data show only the people who need the intervention in that time period
  - Not those who have already received it
- **Pro:** Gives a better sense of what is currently happening
- **Con:** May be affected by ‘hard to reach’ group

# ***TREND ANALYSIS FOR HEALTH MONITORING***

# ***Trend Analysis for Monitoring Chronic Health Conditions***

- Use this approach for your section H indicators
- All eligible consumers should get the service in each time period, regardless of whether they received it previously or not.
- New entrants and the newly eligible should be entered for each time period after becoming eligible.

# *Trend Analysis for Health Monitoring*

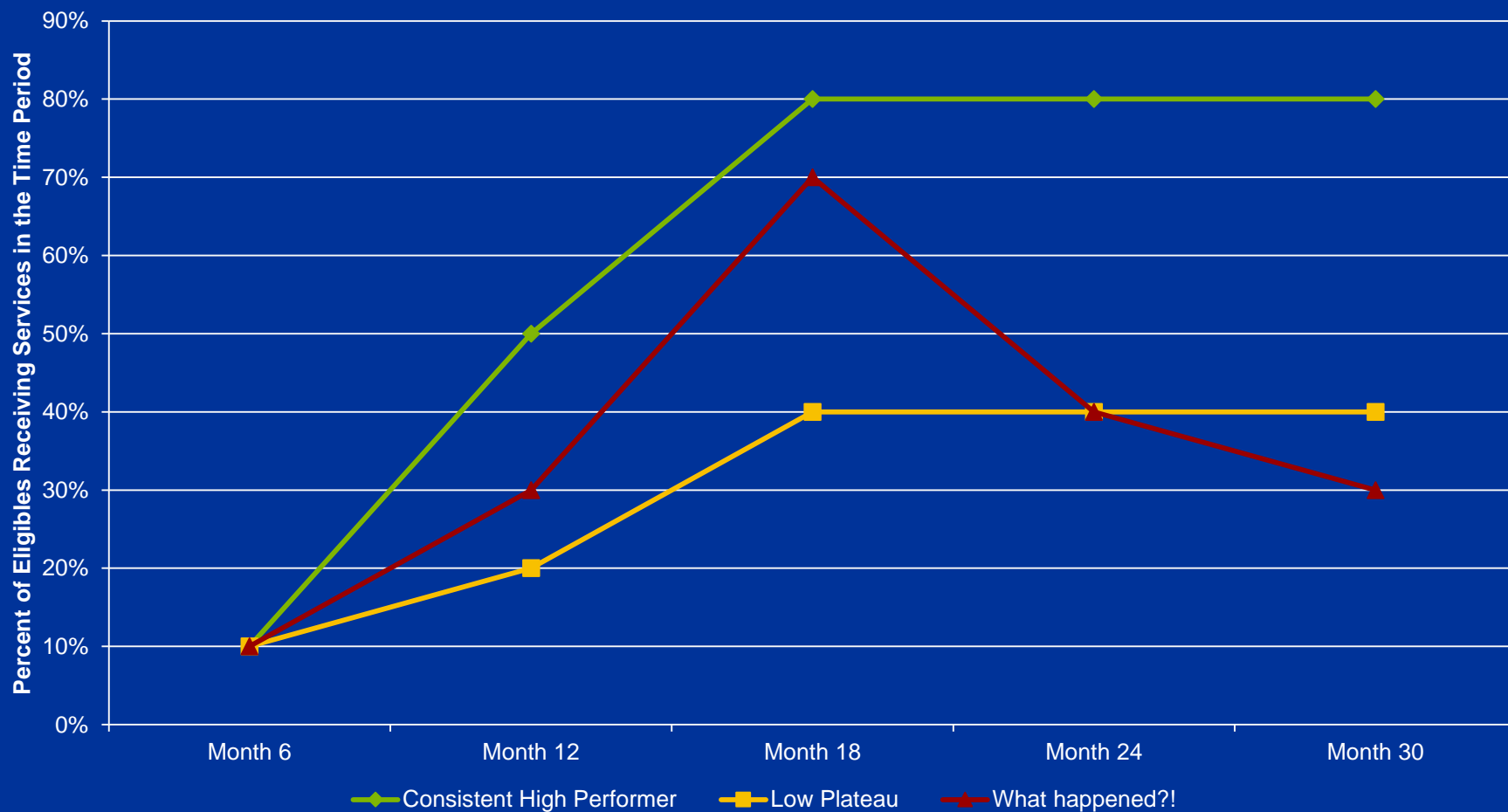
- **Question:** What proportion of eligible consumers received required BP monitoring?

- **Approach:**

$$\frac{\text{Total \# who received the intervention this time period}}{\text{Total \# eligible for the intervention this time period}}$$

- This is different from one-time treatment analysis because virtually everyone stays eligible to receive more services at each, new time period

# *Trend Analysis for Health Monitoring*



## ***Poll Question***

- Are you doing trend analysis as a part of your continuous quality improvement work?
  - Yes
  - No

# ***POLL QUESTION***

- Are you working with your evaluator to develop ways of using data (e.g., development of dashboards or trending models) that will be sustainable after the grant expires?
  - Yes
  - It's on my “to do” list
  - No

Example

# ***SMOKING CESSATION AND THE 5 A'S***



# *Your Goal*

- **Goal:** Increase number of PBHCI consumers who quit smoking
- **Strategy:** Engage more PBHCI consumers in smoking cessation treatment

# *Clinical Practice Guidelines Recommend Using the 5 A's*

- **Asking** all consumers about smoking at every visit
- **Advising** all smokers to quit
- **Assessing** smokers' willingness to try to quit
- **Assisting** smokers to quit with treatment or referrals
- **Arranging** follow-up visits for those attempting to quit

*Many opportunities to assess, modify and improve  
processes*

# ***ASKING About Smoking: Trend Analysis Design***

- **Who is eligible?**

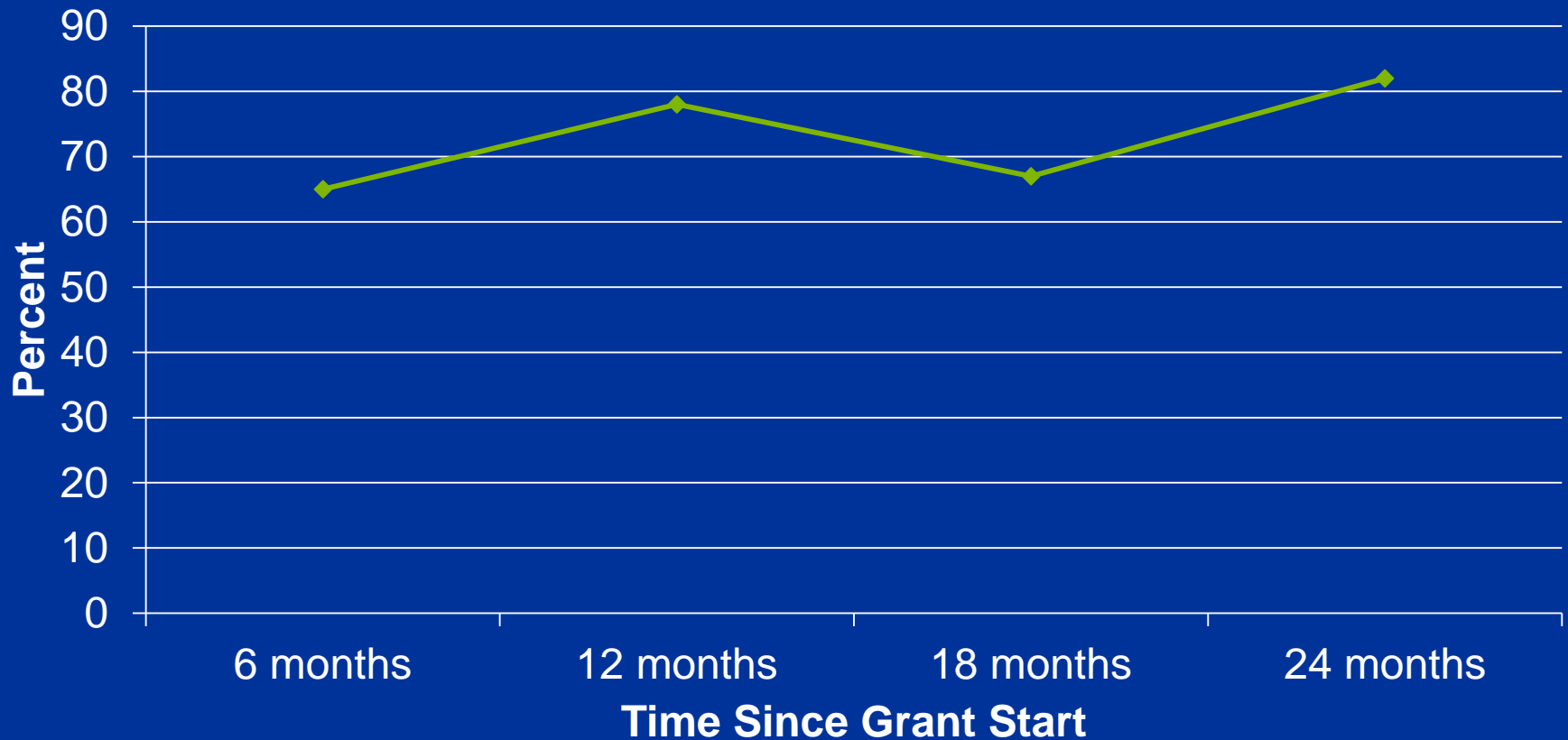
- i.e., who should be asked about smoking?
- e.g., all PBHCI clientele

- **What time periods are meaningful?**

- How often should smoking be assessed?
- What data do we have?
  - Is denominator visits or people? Both are OK!
- How long was your “start-up” period?
- When were program changes you might want to observe (e.g., CIHS staff trainings)?

# Consumers *ASKED* About Tobacco Use

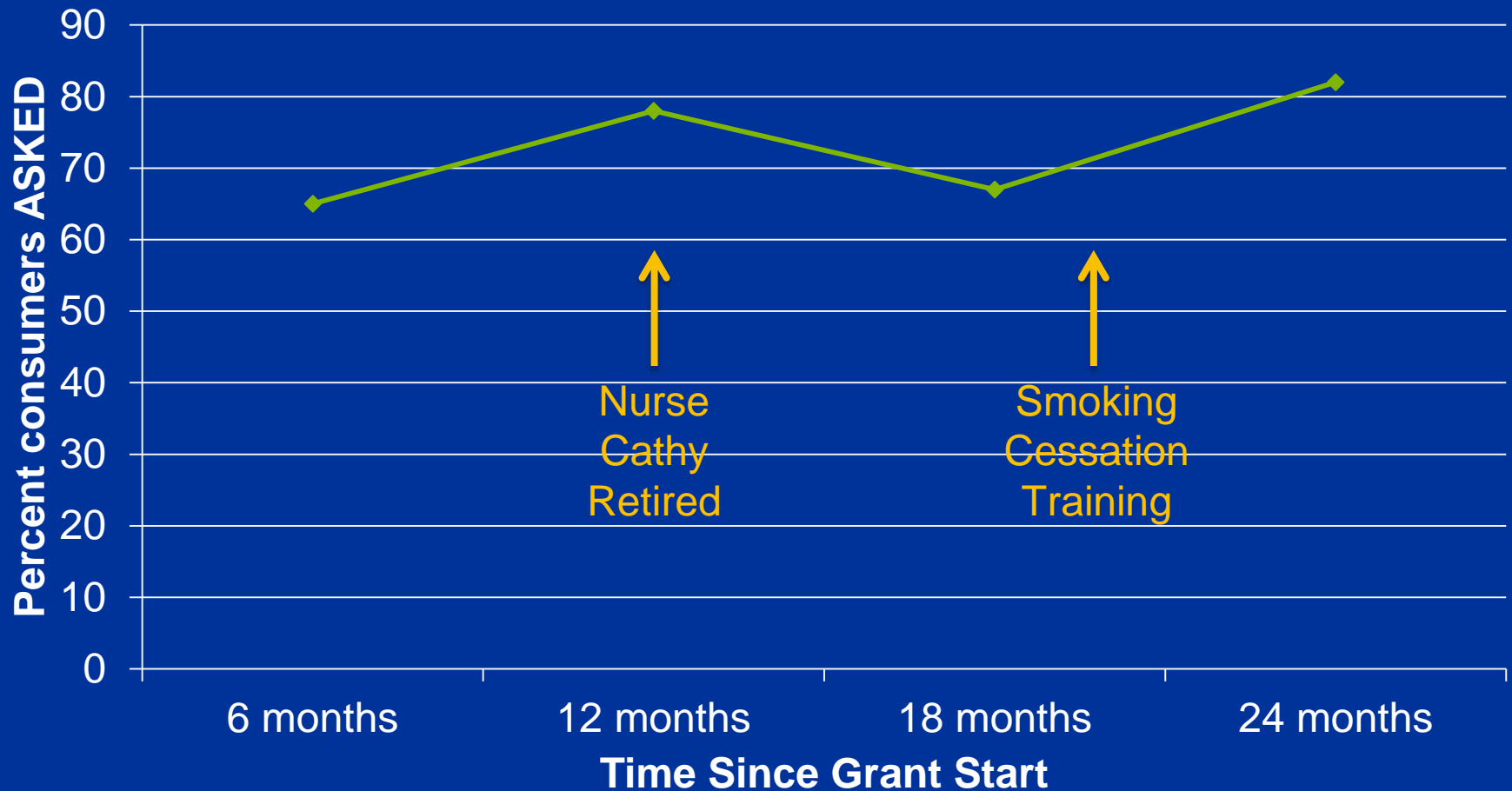
## Happy CMHC Consumers *ASKED* Each Period



# *Considerations*

- What was your target?
- How often was it met?
- When were rates at their best? At their worst?
  - What was going on?
- Repeat these questions with your staff!
  - Use their insights to improve procedures and performance
- What can you tell your funders?

# Consumers ASKED About Tobacco Use



## *But....*

- Program attendance is still lower than desired
- Consider targeting another A

# *Clinical Practice Guidelines Recommend Using the 5 A's*

- **Asking** all patients about smoking at every visit
- **Advising** all tobacco users to quit
- **Assessing** smokers' willingness to try to quit
- **Assisting** smokers to quit with treatment or referrals
- **Arranging** follow-up visits for those attempting to quit



# ***ASSISTING To Quit: Analytic Design***

- **Who is eligible?**
  - e.g., all PBHCI consumers who smoke and are contemplation or preparation stages of change
- **What's our most meaningful indicator?**
  - Total participants? New group members?
  - How do you define a new group member?
    - Note that some people may rejoin after long gaps in attendance

# *ASSISTING To Quit: Analytic Design*

- What time periods are meaningful?
  - How often is the program offered?
  - Can new members start at any time?
  - What data do we have?
  - How long was your “start-up” period
  - When were program changes you might want to observe (e.g., CIHS staff trainings)
- \*Is there an established **quality indicator** that coincides with your program’s needs?

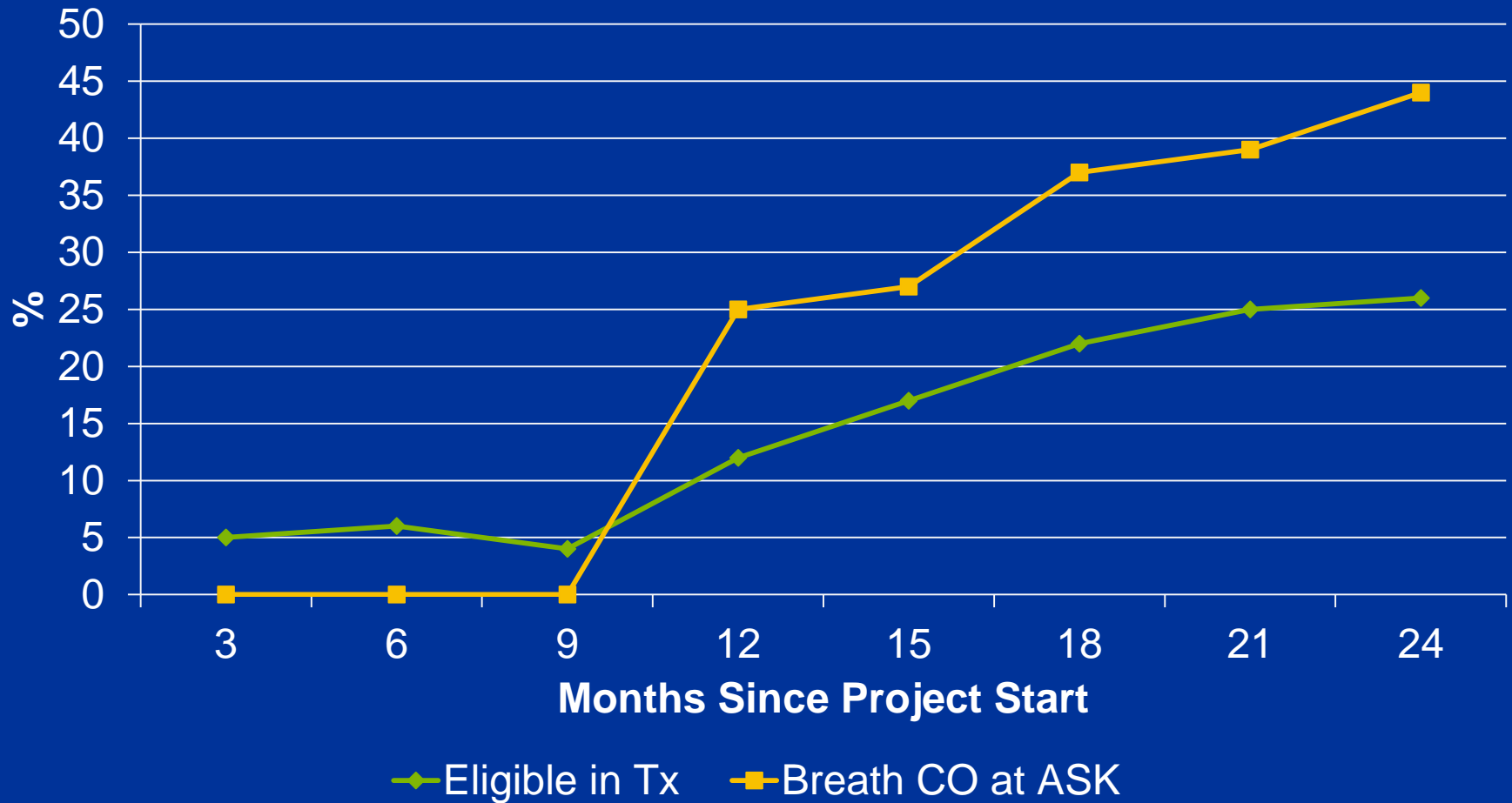
# *Consumers Receiving ASSISTANCE*



# *Considerations*

- What was your target?
- How often was it met?
- When were rates at their best? At their worst?
  - What was going on?
- Repeat these questions with your staff!
  - Their insights can help improve procedures and program performance
- Ideas for new analyses!

# Consumers Receiving ASSISTANCE



# ***Poll Questions***

***QUESTIONS?***

# Thank You!

Feel free to follow up with any questions:

Aaron Surma ([AaronS@thenationalcouncil.org](mailto:AaronS@thenationalcouncil.org))

Jeff Capobianco ([JeffC@thenationalcouncil.org](mailto:JeffC@thenationalcouncil.org))

Deb Scharf ([dscharf@rand.org](mailto:dscharf@rand.org))

Please complete the survey when you close the webinar.  
It will help us plan future evaluation webinars.

